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TO:

FROM:

Name: Mail Stop AMENDMENT
Group Art Unit 3731/Examiner Uyen Ho

Name: Thomas H. Martin, Esq.

Firm: U.S. Patent & Trademark Office

Phone No.: 330-877-2277

Fax No.: 571-273-8300

No. of Pages (including this): 15

Subject: U.S. Patent Application No. 10/692,545

Date: December 12, 2005

Gary K. Michelson, M.D.

Filed: October 24, 2003

Confirmation Copy to Follow: NO

SYSTEM FOR RADIAL BONE DISPLACEMENT

(as amended)

Attorney Docket No. 102.0003-05000

Customer No. 22882

Confirmation No.: 1113

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; total amount of \$300.00 to cover the additional claims fee is to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on December 12, 2005.


Sandra L. Blackmon

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DEC 12 2005

FORM PTO-1083

Attorney Docket No.: 102.0003-05000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 10/692,545

Filed: October 24, 2003

For: SYSTEM FOR RADIAL BONE
DISPLACEMENT (as amended)

Confirmation No. 1113

Group Art Unit: 3731

Examiner: Uyen Ho

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ No additional fee is required.
☐ Applicant hereby requests a ***-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	55	-	49	**	6	LG=\$50 SM=\$25	\$ 300
INDEPENDENT CLAIMS FEE	5	-	10	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
TOTAL							\$ 300

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

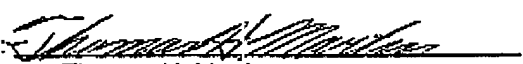
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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The total amount of \$300.00 to cover the additional claims fee is to be charged to Deposit Account No. 50 1068.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: December 12, 2005

By: 
Thomas H. Martin
Registration No. 34,383

1557 Lake O'Pines Street, NE
Hartville, Ohio 44632
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INDEPENDENT CLAIMS FEE	5	-	10	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS:					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
TOTAL							\$ 300

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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